

GENERAL INSTRUCTIONS FOR COMPLETING THE HIV TEST FORM

- This form is designed to be read by an Optical Character Recognition (OCR) scanner. The legibility of this form depends on the quality of the hand-written and selected information.
- Carefully separate the sheets at the perforations. If the form tears, it may not be readable by the scanner or operator.
- Each part has a top sheet and a bottom carbonless copy. The top copy (white) is the only sheet that should be scanned. The bottom copy (yellow) should **NOT** be scanned; rather it should be used for record keeping purposes.
- **DO NOT** use red ink. Blue or black ink is preferred.
- **DO NOT** fold, staple, wrinkle or tear form(s).
- **DO NOT USE WHITE OUT.** White out sometimes will cause a mis-read by the scanning software.
- **DO NOT** mark on the bar codes of the Form ID numbers. Marking on the Form ID numbers (barcode) may cause the wrong number to be scanned.
- **DO NOT** make any stray marks on the form(s), particularly in the fields where answers will appear.
- Part 1 is the only form with a pre-printed code. You must attach a form identification sticker (barcode) located on the back of the carbonless copy (yellow) to Part 2 and/or Part 3 in order to link a client's information.
 - Part 1 should be used for all testing events
 - Part 2 should be used to record referral data on **confirmed HIV positive** clients
 - Part 3 is used by jurisdictions funded to collect HIV Incidence data.

RESPONSE FORMATS

There are three different response formats on the form that you will use to record data: (1) text boxes, (2) check boxes, and (3) radio buttons. Instructions for each one of these formats are listed below.

Text boxes

Text boxes are used to record handwritten information (e.g., codes, dates). When writing letters or numbers in the boxes:

- use all capital letters and write neatly in your best penmanship. **DO NOT** use cursive.
- put only 1 letter or number per box and **DO NOT** have any part of the letter or number touch the edges of the box.

Here are examples of how to write letters and numbers:

LETTERS

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z
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NUMBERS

0	1	2	3	4	5	6	7	8	9
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Check boxes

Check boxes are used to select all options that apply. For example, check boxes are used to record information about "Race."

- use an "X" instead of a check mark because the tail of the check mark might run over into another box.
- keep the "X" within the edges of the box.

Radio buttons

Radio buttons are ovals used to select only one option from among two or more options. For example, radio buttons are used to select "Current Gender." When selecting an option using a radio button:

- fill in the oval completely.
- **DO NOT** mark over area of the oval.

GEORGIA DEPARTMENT OF PUBLIC HEALTH

Codes for Site Types: CLINICAL

F01.01 Clinical - Inpatient hospital
 F02.12 Clinical - TB clinic
 F02.19 Clinical - Substance abuse treatment facility
 F02.51 Clinical - Community health center
 F03 Clinical - Emergency department
 F08 Clinical - Primary care clinic (other than CHC)
 F09 Clinical - Pharmacy or other retail-based clinic
 F10 Clinical - STD clinic
 F11 Clinical - Dental clinic
 F12 Clinical - Correctional facility clinic
 F13 Clinical - Other

Codes for Site Types: NON CLINICAL

F04.05 Non-clinical - HIV testing site
 F06.02 Non-clinical - Community setting - School/educational facility
 F06.03 Non-clinical - Community setting - Church/mosque/synagogue/temple
 F06.04 Non-clinical - Community Setting - Shelter/transitional housing
 F06.05 Non-clinical - Community setting - Commercial facility
 F06.07 Non-clinical - Community setting - Bar/club/adult entertainment
 F06.08 Non-clinical - Community setting—Public area
 F06.12 Non-clinical - Community setting - Individual residence
 F06.88 Non-clinical - Community setting - Other
 F07 Non-clinical - Correctional facility - Non-healthcare
 F14 Non-clinical - Health department - Field visit
 F15 Non-clinical - Community Setting - Syringe exchange program
 F88 Non-clinical - Other

Codes for Other Risk Factor(s)

01 Exchange sex for drugs/money/or something they needed	12 Diagnosed with a sexually transmitted disease (STD)
02 While intoxicated and/or high on drugs	13 Sex with multiple partners
05 With person of unknown HIV status	14 Oral sex
06 With person who exchanges sex for drugs/money	
08 With anonymous partner	
09 With person who has hemophilia or transfusion/transplant recipient	

Codes for Other Session Activities

04.00 Referral	09.01 Demonstration - Condom/barrier use	11.14 Discussion - Availability of partner notification and referral services
05.00 Personalized Risk assessment	09.02 Demonstration - IDU risk reduction	11.15 Discussion - Availability of social services
06.00 Elicit Partners	09.03 Demonstration - Negotiation/Communication	11.16 Discussion - Availability of medical services
07.00 Notification of exposure	09.04 Demonstration - Decision making	11.17 Discussion - Condom/barrier use
08.01 Information - HIV/AIDS transmission	09.05 Demonstration - Disclosure of HIV status	11.18 Discussion - Negotiation/Communication
08.02 Information-Abstinence/postpone sexual activity	09.06 Demonstration - Providing prevention services	11.19 Discussion - Decision making
08.03 Information-Other sexually transmitted diseases	09.07 Demonstration - Partner notification	11.20 Discussion - Providing prevention services
08.04 Information-Viral hepatitis	09.66 Demonstration - Other	11.21 Discussion - Alcohol and drug use prevention
08.05 Information - Availability of HIV/STD counseling and testing	10.01 Practice - Condom/barrier use	11.22 Discussion - Sexual health
08.06 Information-Availability of partner notification and referral services	10.02 Practice - IDU risk reduction	11.23 Discussion - TB testing
08.07 Information - Living with HIV/AIDS	10.03 Practice - Negotiation/Communication	11.66 Discussion - Other
08.08 Information - Availability of social services	10.04 Practice - Decision making	12.01 Other testing - Pregnancy
08.09 Information - Availability of medical services	10.05 Practice - Disclosure of HIV status	12.02 Other testing - STD
08.10 Information - Sexual risk reduction	10.06 Practice - Providing prevention services	12.03 Other testing - Viral hepatitis
08.11 Information - IDU risk reduction	10.07 Practice - Partner notification	12.04 Other testing - TB
08.12 Information - IDU risk free behavior	10.66 Practice - Other	13.01 Distribution - Male condoms
08.13 Information - Condom/barrier use	11.01 Discussion - Sexual risk reduction	13.02 Distribution - Female condoms
08.14 Information - Negotiation / Communication	11.02 Discussion - IDU risk reduction	13.03 Distribution - Safe sex kits
08.15 Information - Decision making	11.03 Discussion - HIV testing	13.04 Distribution - Safer injection/bleach kits
08.16 Information - Disclosure of HIV status	11.04 Discussion - Other sexually transmitted diseases	13.05 Distribution - Lubricants
08.17 Information - Providing prevention services	11.05 Discussion - Disclosure of HIV status	13.06 Distribution - Education materials
08.18 Information - HIV testing	11.06 Discussion - Partner notification	13.07 Distribution - Referral lists
08.19 Information - Partner notification	11.07 Discussion - HIV medication therapy adherence	13.08 Distribution - Role model stories
08.20 Information - HIV medication therapy adherence	11.08 Discussion - Abstinence/postpone sexual activity	13.66 Distribution - Other
08.21 Information - Alcohol and drug use prevention	11.09 Discussion - IDU risk free behavior	14.01 Post-intervention follow up
08.22 Information - Sexual health	11.10 Discussion - HIV/AIDS transmission	14.02 Post-intervention booster session
08.23 Information - TB testing	11.11 Discussion - Viral hepatitis	15.00 HIV Testing History Survey
08.66 Information - Other	11.12 Discussion - Living with HIV/AIDS	16.00 Risk Reduction Counseling
	11.13 Discussion - Availability of HIV/AIDS counseling & testing	17.00 Personalized Cognitive Counseling
		88 Other

CDC requires the following information on preliminary & confirmed positives

Was client referred to HIV medical care?

Yes → If Yes, did client attend the first appointment?

Yes → If yes, was the first appointment within 90 days of the HIV test?

- No
- Don't Know
- Yes
- No
- Don't Know

No → If No, why?

- Client already in HIV medical care
- Client declined HIV medical care

Was client referred to/contacted by Partner Services?

Yes → If Yes, was the client interviewed for Partner Services?

No Yes → If yes, was the client interview within 30 days of receiving their result?

- No
- Don't Know
- Yes
- No
- Don't Know

Was client referred to HIV Prevention Services?

Yes → If Yes, did client receive HIV Prevention Services?

- No
- Yes
- No
- Don't Know

If female, is client pregnant ?

Yes → If yes, is client in prenatal care?

- No
- Don't Know
- Declined
- Not Asked
- Yes
- No
- Don't Know
- Declined
- Not Asked

For Health Departments Use ONLY

Prior to the client testing positive during this testing event, was she/he previously reported to the jurisdiction's surveillance department as being HIV-positive?

- Yes
- No
- Don't Know
- Not Checked

Local Use Field

L5				
L6				
L7				
L8				
L9				
L10				
L11				
L12				
L13				
L14				
L15				
L16				
L17				

CDC Use Fields

C5				
C6				
C7				
C8				
C9				
C10				

Notes: _____

